


U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <b>MANUEL HILL</b>		COURT CASE NUMBER <b>C07-05125 JF</b>	
DEFENDANT <b>RODERICK HICKMAN, ET AL</b>		TYPE OF PROCESS <b>SEE BELOW</b>	
<b>SERVE</b>  <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>RODERICK HICKMAN, DIRECTOR SECRETARY</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>CA DEPARTMENT OF CORRECTIONS AND REHABILITATION P.O. BOX 942883; 1515 1ST STREET SACRAMENTO, CA 94283</b>		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**MANUEL HILL E-45048  
PELICAN HAY STATE PRISON  
P.O. BOX 7500  
B4 228  
CRESCENT CITY, CA 95531**

Number of process to be served with this Form - 285	<b>2</b>
Number of parties to be served in this case	<b>2</b>
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

- 1. SUMMONS AND COMPLAINT**
- 2. ORDER OF SERVICE**

Fold

Signature of Attorney or other Originator requesting service on behalf of:

**GORDANA MACIC**
☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

**408-535-5382**

DATE

**3/10/2008****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time	am
		pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

# United States District Court

## NORTHERN DISTRICT OF CALIFORNIA

MANUEL HILL

### SUMMONS IN A CIVIL CASE

CASE NUMBER: CV 07-05125 JF

V.

RODERICK HICKMAN, ET AL

TO:

RODERICK HICKMAN  
DIRECTOR SECRETARY  
CA DEPARTMENT OF CORRECTIONS  
AND REHABILITATION

P.O. BOX 942883; 1515 "S" STREET

SACRAMENTO, CA 94283

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY

MANUEL HILL E-45048  
PELICAN BAY STATE PRISON  
P.O. BOX 7500  
B4 228  
CRESCENT CITY, CA 95531

an answer to the complaint which is herewith served upon you, within **20** days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wierking  
CLERK

March 7, 2008  
DATE

Gordana Macic  
(BY) DEPUTY CLERK